Safe Motherhood Programme

2101. DR. NARREDDY THULASI REDDY : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether there is any proposal under Govenments' consideration lo implement a new child survival and safe motherhood programme with IDA/UNICEF assistance in a phased manner ; and

(b) if so, what are the details thereof ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI MATI D. K. THARADEVI SIDDHARTHA) : (a) and (b) Government has approved a Child Survival and Safe Motherhood (CSSM) Programme with an outlay of Rs. 853-61 crores during the VlIIth Five Year Plan- The World Bank, through an agreement executed on 20-2-1992 have commited to provide International Development Association (IDA) financial assk- ance .to he tune of Special Drawling Rights (SDR) 160-90 million (Rs. 557-70 crores) and UNICEF, in in their Master Plan of Operation (1991-95) have made a provision of US *$* 107 million (Rs. 278-20 crores) for this Programme.

The Programme aims at reducing maternal and child mortality by intagra ing and s reng hening the existing Universal Immuniza ion Projramme, Oral Rehydration Therapy Programme and the Prophylaxis schemes for control of anaemia in pregnant women and prevention of blindness due to Vitamin A deficiency in children. In addition, the Acu e Respiratory Infections Control Programme will be implemented in a phased manner throughout the countr) as part of the Child Survival initiaive to prevent deaths due to Pneumonia,

The Safe Motherhood component of i he Programme has teen iniia'ed primarily in saves with high infant and ma ernal mor aliy. The Programme includes in ensified raining and involvement of Traditonal Birh At endants in anti-natal, natal and post natal care and s reng hening of the Sub-cenres and First Level Referral Units in erms of equipment and raining.

Election of C.C.H.

2102. SHRI CHATURANAN MISHRA : Will he Minktar of HEALTH AND FAMILY WELFARE be pleased 13 staet:

(a) whether it is a fact that Governmen have received any represen a ion/objections against the election of he member of Central Council of Homoeopathy from Delhi ; and

(b) if so, what action Government have taken/proposed to take in this regard ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARADEVI SIDDHARTHA) : (a) Yes, Sir.

(b) Matter is under examination.

Payment of N.P.A.

2103- SHRI N. GIRI PRASAD : Will he Minister of HEALTH AND FAMILY WELFARE be pleased to refer to the answer to Unstarred Ques ion 2057 given in he Rajya Sabha on 11th March, 1992, and state :

(a) whether it is a fact that the demonsstration and Medical Officers working in Nehru Homoeopathic Medical College and Hospital are not eligible to get non-practising allowance (NPA) ;

(b) if so, what are the reasons therefor ;

(c) whether it is also a fact that: the Government have received any represen ation from Nehru Homoeo-pa hie Medical College and Hospital Teaching staff Association for gran of non-practising allowance to demonstrastion and Medical Officers working in Nehru Homoeopathic Medical College and Hospital ; and

(d) if so, wha action Governmen' have aken/proposed to be taken in this regard ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K , THARADEVI SIDDHARTHA) . (a) and (b) Demonsra ors and Medical Officers working in he Nehru Homoeopathic Medical College and Hosipital in New Delhi are in the scale of Rs. 1640—2900 and Rs. 2000—3500 respectively and therefore as per the existing orders, they are not eligible for gran; of non-practicing allowance.

(c) and (d) Delhi Administration has recently referred this issue to Govt, of India. Such cases are decided on Merit.

Population control in Hindi belt

2104. SHRI SATISH PRADHAN : Will he Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whe'her it is a fact that Government: has worked out a new strategy o check population growth par icularly in Hindi belt as-part of new population policy ;"

(b) if so, what are the details thereof; and

(c) he arga servo be achieved during he Eighth Five Year Plan period year-wise and Stale-wise ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI MATI D.K. THARADEVI SIDDHARTHA) (a) and (b) To impart a new dynamism to the Family Welfare Programme in the country (including States/UTs in Hindi belt) an imaginative and resul'-orien ed Action Plan has been evolved by he Ministry of Health and Family Welfare in consul a ion with the Staes/UTs. This Ac ion Plan has been endorsed by the Ministers inqharge of Heal hand Family Wel fare Programme of all he States/UTs in January, 1992. The Ac ion Plan highlights the need for evolving a national consensus in suppor: of the Family Welfare Programme and obtain he willing particiption of all sections of he society. Is key fea'ures include, (1) improving the quality and out reach of family welfare services, (2) differential stragy for special focus on 90 poor performing districts (bar rate of 39 per 1000 population and above as per the 1981 Census) of which 83 dis'rict are in the Hindi belt. (3) developing a mechanisin to make available funds to States/UTs on the basis of reduction of actual birth race, (4) increasing the coverage of younger age couples through vigorous pro motion of spacing mehtods, (5) introducing new contraceptives and improving the quality of contra ceptives, (6) streng hening family welfare schemes in urban areas especially in slum pockets, (7) revitalising training activities of medical/para-medical personnel with emphasis on motivational and counselling aspects, (8) sustaining the good work done under the Universal Immunisation Programme and strengthening of o her interventions for Maternal and Child Health Care (9) reortentation of information, education and communication efforts to focus on the quality of life issues and interpersonal com-munica ion, (10) involving voluntary and non-governmental organisations in a big way to promole active commua't y participation in the programme, (11) gearing up of the implemen a ion machinery in the States/UTs and (12) evolving high